03071

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City — LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 11
STREET ADDRESS (If rural, give location): 3914 Beech Ave.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Williams (Last) Bartlett
4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept 24, 1894
9. AGE last birthday: 57 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of the time, even if retired): Investment Banker
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James T. Bartlett
14. MOTHER'S MAIDEN NAME: Sallie Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Margaret A. Bartlett - 3914 Beech Av

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 5 min

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alcoholism — 2 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 29, 1952, to Mar 1, 1952, that I last saw the deceased alive on Mar 1, 1952, and that death occurred at 7:13 P.m., from the causes and on the date stated above.

SIGNATURE: Irving J. Taylor (Degree or title) M.D. — ADDRESS: Pinel Clinic, Ellicott City, — DATE SIGNED: Mar 1 '52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3/4/52 — NAME OF CEMETERY OR CREMATORY: Episcopal Ch. Yard — LOCATION (City, town, or county) (State): Charlestown W. Va.

DATE REC'D BY LOCAL REG.: 3/3/52 — REGISTRAR'S SIGNATURE: [signature] DAR — 24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons — ADDRESS: Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

03072

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City Rural — LENGTH OF STAY (In this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pfieffers Corner

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City Rural
STREET ADDRESS (If rural, give location) Pfieffers Corner

3. NAME OF DECEASED (Type or Print): (First) Maude Grace (Middle) Bloom (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 3-12-52 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-15-1876

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Ecker

14. MOTHER'S MAIDEN NAME: Martha C. Leakins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Harry S. Bloom, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage — Interval between onset and death: 12 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

331.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓ — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ✓ — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓ — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/52, 19..., to 3/12/52, 19..., that I last saw the deceased alive on 3/11/52, 19..., and that death occurred at 12:05 a. m., from the causes and on the date stated above.

SIGNATURE: Frank Shipley (Degree or title) M.D. ADDRESS Savage, Md. DATE SIGNED 3/14/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3-16-52 — NAME OF CEMETERY OR CREMATORY: Poplar Springs — LOCATION (City, town, or county) (State): Poplar Springs, Md.

DATE REC'D BY LOCAL REG. 3/14/52 — REGISTRAR'S SIGNATURE: Frank Shipley

24. FUNERAL DIRECTOR AND ADDRESS: F.C. Higinbothom, Ellicott City, Md

RECEIVED
MAR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03073

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH
COUNTY: Howard
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine
LENGTH OF STAY (in this place): 52yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) CLINTON (Last) BRIGHTWELL

4. DATE OF DEATH: (Month) MARCH (Day) 5 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4-25-1878

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer(day)

10b. KIND OF BUSINESS OR INDUSTRY: Misc.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Charles Brightwell

14. MOTHER'S MAIDEN NAME: Alice Bloom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-09-1498

17. INFORMANT AND ADDRESS: Mrs. Earl Walker, Glenwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Myocarditis	3yrs
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Mar 5, 1952, that I last saw the deceased alive on Mar 4, 1952, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE: J. Stanley Grabill (Degree or title) M.D. ADDRESS: Mt Airy - Md DATE SIGNED: 3/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: 3-8-1952

NAME OF CEMETERY OR CREMATORY: Mt. View

LOCATION (City, town, or county) (State): Howard Co., Md.

DATE REC'D BY LOCAL REG.: 3/7/52

REGISTRAR'S SIGNATURE: E. Pearl Mumie

24. FUNERAL DIRECTOR: C. M. Waltz, ADDRESS: Winfield, Md.

RECEIVED
MAR 10 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

03074

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH: COUNTY Howard; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville (rural); LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Hannah (Middle) Mary (Last) Dasher

4. DATE OF DEATH (Month) (Day) (Year): 3-2-52 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 7-29-1865

9. AGE last birthday: 86 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Marion, Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David K. Judy

14. MOTHER'S MAIDEN NAME: Margaret Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Raymond Moore, Clarksville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Gastroenteritis. Acute Cystitis — 1 wk

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. myocarditis - senility —

(c) Acute Cardiac Dilatation — 2 hr

422.3

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr - Colitis.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26, 1952 to 3/3, 1952, that I last saw the deceased alive on 3/2, 1952 and that death occurred at 8.23 A.M., from the causes and on the date stated above.

SIGNATURE: B Warren (Degree or title) MD ADDRESS Bel Air Md DATE SIGNED 3/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3-5-52

NAME OF CEMETERY OR CREMATORY: St. Johns

LOCATION (City, town, or county) (State): Pfieffers Corner, Md

DATE REC'D BY LOCAL REG. 3-10-52

REGISTRAR'S SIGNATURE: Marie A. Whitaker

24. FUNERAL DIRECTOR: F.C. Higinbothom ADDRESS Ellicott City, Md.

RECEIVED
MAR 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03075

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY: Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MD COUNTY: HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKRIDGE — LENGTH OF STAY (in this place): 6 YRS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKRIDGE MD
HOSPITAL OR INSTITUTION OR STREET ADDRESS: OLD WASHINGTON BLVD	STREET ADDRESS (If rural, give location): OLD WASHINGTON BLVD

3. NAME OF DECEASED (Type or Print)	(First) ANTHONY	(Middle) —	(Last) FERET FERET	4. DATE OF DEATH	(Month) march (Day) 3 (Year) 1952
5. SEX: MALE	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED	8. DATE OF BIRTH: 15 oct 1893	9. AGE last birthday: 58 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAILOR	10b. KIND OF BUSINESS OR INDUSTRY: CLOTHING	11. BIRTHPLACE (State or foreign country): POLAND	12. CITIZEN OF WHAT COUNTRY? POLAND		
13. FATHER'S NAME: NOT KNOWN	14. MOTHER'S MAIDEN NAME: NOT KNOWN				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 212 07 2004	17. INFORMANT AND ADDRESS: MRS. A. FERET, 6597 OLD WASHINGTON BLVD.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MYOCARDIAL INFARCTION	2 WKS
420 1 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTIERO SLEROTIC CLOT	
	(c) GENERALIZED ARTERIO SLEROSIS	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☑ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1 MARCH, 1951, to 3 MARCH, 1952, that I last saw the deceased alive on 20 MARCH, 1951, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE: George Edwin (Degree or title) ADDRESS: Gideau DATE SIGNED: 3 march 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 3/6/52	NAME OF CEMETERY OR CREMATORY: Holy Cross	LOCATION (City, town, or county) (State): Anne Arundel Co., Md.
DATE REC'D BY LOCAL REG.: 3/5/52	REGISTRAR'S SIGNATURE: P. O. Hedrick Dmr	24. FUNERAL DIRECTOR: M.F. SADOWSKI & SONS, 1808 EASTERN AVENUE ADDRESS: Charles W. Sadowski	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY HOWARD; STATE MARYLAND; CITY OR TOWN Ellicott City; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS PINEL CLINIC

2. USUAL RESIDENCE (HOME) OF DECEASED: CITY OR TOWN Towson; COUNTY Md; STREET ADDRESS (If rural, give location) 102 E. SUSQUEHANNA AVE.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) J. (Last) FERGUSON

4. DATE OF DEATH: (Month) MARCH (Day) 17 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ~~WIDOWED~~

8. DATE OF BIRTH: Dec. 19 1879

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SODA FOUNTAIN MFG. (ret.)

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 212-10-9613

17. INFORMANT AND ADDRESS: Mrs. Alice T. Ferguson, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL THROMBOSIS — Interval between onset and death: 1/2 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cerebral arteriosclerosis — several years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYDROCEPHALUS — many years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from III 17, 1952 to III 18, 1952, that I last saw the deceased alive on III 18, 1952, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE Irving Taylor M.D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: MAR. 22, 1952 | NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park | LOCATION (City, town, or county) (State): Parkville, Md.

DATE REC'D BY LOCAL REG.: March 24, 1952 | REGISTRAR'S SIGNATURE: John B. Lyngman (Per. B. E. L.)

24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

317.

Reg. Dist. No. 175

MARGIN RESERVED FOR BINDING

• PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; MARYLAND; LENGTH OF STAY (In this place) 1 Hour; HOSPITAL OR INSTITUTION OR STREET ADDRESS First Aid Room Laurel Race Track

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 304 East Lumbar St.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) N. (Last) Georgan

4. DATE OF DEATH: (Month) 3/29/52 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/26/97

9. AGE last birthday: 54 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greece, Europe

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Georgandiopolus

14. MOTHER'S MAIDEN NAME: Helen Iconomopoulou

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 421-24-6257

17. INFORMANT AND ADDRESS: George Kean, 3602b Hicks Ave, Baltimore 7, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) Assistant Deputy Medical Examiner. ADDRESS Glen Burnie Md. DATE SIGNED 3/29/52

23. BURIAL INFORMATION REMOVAL (Specify): Burial; DATE THEREOF 4/2/52; NAME OF CEMETERY OR CREMATORY London Park; LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 3/31/52; REGISTRAR'S SIGNATURE; 24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 St. Paul St.

013078

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Howard; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Rural) Ellicott City; LENGTH OF STAY (in this place): 73 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vineyard Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Rural) Ellicott City,; STREET ADDRESS (If rural, give location): Vineyard Rd.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) M. (Last) LORD

4. DATE OF DEATH: (Month) Mar. (Day) 3rd., (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/26/1878

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William Chambers

14. MOTHER'S MAIDEN NAME: Catherine Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Wm. Kerger Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute cardiac failure — Interval Between Onset and Death: 8 hrs

4243 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 3, 1952, to March 3, 1952, that I last saw the deceased alive on March 3, 1952, and that death occurred at 8 30 P.M., from the causes and on the date stated above.

SIGNATURE: Charles S. Whitaker, M.D. (Degree or title) ADDRESS: Clarksville, Md. DATE SIGNED: 3-7-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/6/52 — NAME OF CEMETERY OR CREMATORY: St. Louis Cemetery — LOCATION (City, town, or county) (State): Clarksville, Md.

DATE REC'D BY LOCAL REG. 3-7-52 — REGISTRAR'S SIGNATURE: Marie C. Whitaker — 24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Ellicott City, Md.

RECEIVED
MAR 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.D. 1--Lisbon
LENGTH OF STAY (in this place): 3yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.D. 1--Lisbon
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRISON	E.	MULLINIX	March	1	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White		1-[illegible]-1869	83 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
[illegible]	Farmer	Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Addison Mullinix	Laura D. Mullinix

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		Roland Mullinix, Lisbon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cachexia	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastisis to face - neck + lungs	10 mo
	(c) Carcinoma - lower lip	2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Apr 19, 1951	Removal of gland on left side of face - carcinoma	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

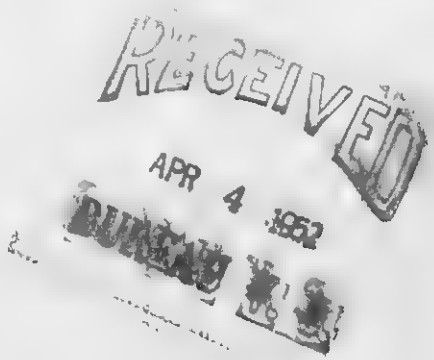
TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from May, 1951, to March 21, 1952, that I last saw the deceased alive on March 21, 1952, and that death occurred at 4:51 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Stanley Grabill	M.D.	Mt. Airy - Md	3/22/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/24/52	[illegible]	Howard Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/24/52	C. Earl Merrick	C. M. Waltz,	Winfield, Md.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APR 4 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS-AID

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 New Cut Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) 15 New Cut Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) James Sylvester Scott

4. DATE OF DEATH (Month) (Day) (Year) 3-1-52 19

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11-13-1920
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY General Work
11. BIRTHPLACE (State or foreign country) Ellicott City Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Oliver Scott
14. MOTHER'S MAIDEN NAME Lottie Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-07-9842
17. INFORMANT AND ADDRESS Dora Scott, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

002 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16, 1952, to 3-1, 1952, that I last saw the deceased alive on 3-1, 1952, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE George E. Burgtorf M.D. (Degree or title) ADDRESS Ellicott City DATE SIGNED 3-5-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-6-52
NAME OF CEMETERY OR CREMATORY Western Star
LOCATION (City, town, or county) (State) Catonsville, Md

DATE REC'D BY LOCAL REG. March 6, 1952
REGISTRAR'S SIGNATURE John B. Loughran
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

Pres. B.E.L.

RECEIVED
MAR 10 19
BUREAU V. A.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenwood
LENGTH OF STAY (in this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Carl (Middle) HUDSON (Last) Seibert

4. DATE OF DEATH (Month) (Day) (Year) March 14 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2-10-83
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John B. Seibert
14. MOTHER'S MAIDEN NAME Alice Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

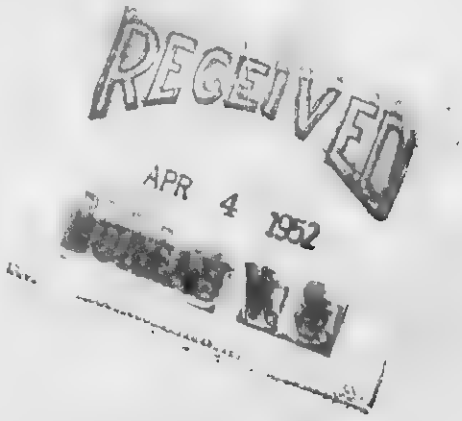
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1947, to 3/14, 1952, that I last saw the deceased alive on 3/12, 1952, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 3/15/52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF 3-17-52
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. March 16, 1952
REGISTRAR'S SIGNATURE E. Pearl Mercer
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is [redacted]pecially important. Physicians: pl[redacted] write the [redacted]uses of death clearly [redacted] legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elliott City
LENGTH OF STAY (in this place) 8 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Northumberland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dalmatia
STREET ADDRESS (If rural, give location) R. F. D. #1

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Starr
4. DATE OF DEATH (Month) 3 (Day) 8 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11/10/1882
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Lumber Mill
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Weinbert Starr
14. MOTHER'S MAIDEN NAME Susan Schaffer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 204-01-3290
17. INFORMANT AND ADDRESS Mrs. Sallie Starr, Dalmatia, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Squamous Cell Carcinoma of esophagus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

(c)

INTERVAL BETWEEN ONSET AND DEATH: 8 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION Sept 20, 1951
19b. MAJOR FINDINGS OF OPERATION Inoperable squamous cell carcinoma of esophagus with metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 1952, to 3-8, 1952, that I last saw the deceased alive on 3-8, 1952, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE George E. Burgtorf (Degree or title) M.D. ADDRESS Elliott City, Md. DATE SIGNED 3-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/13/52
NAME OF CEMETERY OR CREMATORY Hebe Cemetery
LOCATION (City, town, or county) Northumberland, T.W.P., Pa. (State)
DATE REC'D BY LOCAL REG. March 11, 1952
REGISTRAR'S SIGNATURE John B. Loughran (Su. B. E. L.)
24. FUNERAL DIRECTOR Marlin Reed Funeral Home, ADDRESS Pillow, Pa.

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MAR 14 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Savage — LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Guilford Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Iowa — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Keokuk
STREET ADDRESS (If rural, give location): 202½ N. 10th St.

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Frances (Last) Webber
4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: June 19 1874
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Warsaw, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wallace S. Bride
14. MOTHER'S MAIDEN NAME: Josephine Coyton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Mildred D. Barnes, Jessup, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Insufficiency	3 days.
470 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Common Cold	1 wk.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/13/52, to 3/20/52, 19....., that I last saw the deceased alive on 3/20/52, 19....., and that death occurred at 4 a. m., from the causes and on the date stated above.

SIGNATURE: Mank Shipley, M.D. (Degree or title) ADDRESS: Savage, Md. DATE SIGNED: 3/22/52

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): Burial
DATE THEREOF: Mar 22 1952
NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
LOCATION (City, town, or county) (State): Keokuk Iowa

DATE REC'D BY LOCAL REG.: 3/22/52
REGISTRAR'S SIGNATURE: Mank Shipley,
24. FUNERAL DIRECTOR: Wetlitt Knudsen, Laurel, Md. ADDRESS:

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
LENGTH OF STAY (in this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mission Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
STREET ADDRESS (If rural, give location) Mission Rd

3. NAME OF DECEASED (Type or Print) (First) Julia (Middle) A. (Last) Williams
4. DATE OF DEATH (Month) 3 (Day) 4 (Year) 1952
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH April 5 1882
9. AGE last birthday 69 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Westminister Md
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Joseph Henderson
14. MOTHER'S MAIDEN NAME Martha Snowden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Pauline Johnson - 1004 Brantly Ave Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Inoperable Carcinoma of	6 mos.
156.1 Antecedent cause(s)	Liver	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Arterio-sclerosis	7

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/52, 19, to 3/4/52, 19, that I last saw the deceased alive on 3/3/52, 19, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Shipley, M.D. ADDRESS Savage, Md. DATE SIGNED 3/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-7-52
NAME OF CEMETERY OR CREMATORY New Cathedral Cem
LOCATION (City, town, or county) Balto. (State) Md

DATE REC'D BY LOCAL REG. 3/5/52
REGISTRAR'S SIGNATURE Frank Shipley,
24. FUNERAL DIRECTOR Samuel W. Sullivan Jr. ADDRESS Balto. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 11 1952
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03085

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Long Corner — LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Long Corner
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Nannie (Middle) M. (Last) Wolfe

4. DATE OF DEATH (Month) March (Day) 23 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 30 1879

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Markall

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mrs Louise Murray - Mt Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cachexia	3 wks
171X Antecedent cause(s)	(b)	Metastisis & local hemorrhages	8 mo?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	Inoperable Carcinoma of Cervex	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb - 1951

19b. MAJOR FINDINGS OF OPERATION: Radiated with Radium

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1951, to March 23, 1952, that I last saw the deceased alive on March 23, 1952, and that death occurred at 6:50 P.m., from the causes and on the date stated above.

SIGNATURE: J Stanley Grabill (Degree or title) - M.D. — ADDRESS: Mt Airy - Md — DATE SIGNED: 3/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-26-52 — NAME OF CEMETERY OR CREMATORY: Mt Calvary — LOCATION (City, town, or county) (State): Glenwood, Howard, Md.

DATE REC'D BY LOCAL REG.: March 25 1952 — REGISTRAR'S SIGNATURE: E. Pearl Mercier

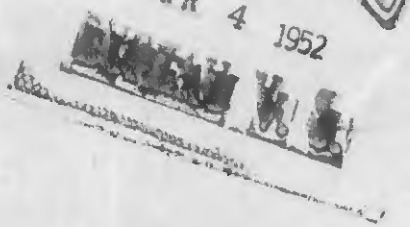
24. FUNERAL DIRECTOR: Weir & Haight - Hyattsville, Md. — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 4 1952



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03086

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELEANOR	M	ZEPP	3-15-52, 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	12-8-22	29 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Goverment	Clarksville Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edgar W. Zepp	Susan Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	?	Susan Zepp, Clarksville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Erythro-Leukemia	9 months
284X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 28, 1952, to Mar. 15, 1952, that I last saw the deceased alive on Mar. 15, 1952, and that death occurred at 4 30/P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles S. Whitaker, M.D.	Clarksville, Md.	3-17-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-18-52	St. Louis	Clarksville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3-17-52	Marie G. Whitaker	F.C. Higinbothom, Ellicott City, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 20 1952
BUREAU V. S.